**Agenda**

Part 1: Service

Part 2: Social justice

Part 3: Integrity, dignity, worth & other things of value

Part 4: Human relationships

Part 5: Competence

Part 6: final thoughts

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**Part 1: SERVICE**

Clinical Practice With Social Justice Values?

**Part 2: SOCIAL JUSTICE**

Practicing Social Justice To Promote Social Change

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**Acknowledgments & Goals**

**My Experience: We hold the responsibility of “truth tellers,” “secret keepers,” “healers”**

Discussions about roles, power, privilege, accountability are richly layered

These trainings require engagement, compassion, and at times, levity

Social workers do not shrink from difficult or serious issues

**My Belief: We are already doing a lot well**

We have an investment in ethical, competent practice

NASW Code of ethics is a high bar

**Today’s Goal: To create environment where we can be vulnerable and own and share expertise**

We each have pieces and can learn together.

Listen, be thoughtful, speak up.

If we can put it together, we will all be better for it.

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**What Compelled You Into This Profession?**

How you’ve prioritized your “time, talent and treasure”? 

What’s your big “WHY?”

Reflect on...
What is Social Justice?

“. . . full and equal participation of all groups in a society that is mutually shaped to meet their needs. . . . includes a vision of society that is equitable and all members are physically and psychologically safe and secure.”

(Adams, Bell, & Griffin, 2007)

Social Worker Code of Ethics (NASW, 2017)

<table>
<thead>
<tr>
<th>Core Value</th>
<th>Broad Ethical Principle</th>
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<tbody>
<tr>
<td>Service</td>
<td>Social workers' primary goal is to help people in need and to address social problems.</td>
</tr>
<tr>
<td>Social Justice</td>
<td>Social workers challenge social injustice.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Social workers behave in a trustworthy manner.</td>
</tr>
<tr>
<td>Dignity and Worth of the Person</td>
<td>Social workers respect the inherent dignity and worth of the person.</td>
</tr>
<tr>
<td>Importance of Human Relationships</td>
<td>Social workers recognize the central importance of human relationships.</td>
</tr>
<tr>
<td>Competence</td>
<td>Social workers practice within their areas of competence and develop and enhance their professional expertise.</td>
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Clinical Social Work Practice Standards

Clinical social work is the professional application of social work theory and methods to the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders.

(Barker, 2003, as cited in National Association of Social Workers, 2005)

Social Justice Identity

“...the self-constructed process of embodying social justice as it is integrated with other diverse social locations and cultural identities within one's context.”

Six themes about the meaning of social justice identity:
1. Being Authentic
2. Resisting Oppression
3. Taking Responsibility
4. Leveraging Privilege
5. Accepting Self and One's Efforts
6. Covert Action

(Hoover & Morrow, 2016, p. 387)

Social Work Is Professionally Distinct

“What social work offers that is different from other disciplines is that our values are explicit. Other disciplines don't even invite discussion or criticism. Social work explicitly states its values:

We believe in the client's right to self-determination, we believe in the dignity of the client, we believe that we are all unique.”

(McLaughlin, 2011, p. 242)

Transformative Respect

• Embodiment of social work values
• Deeply held beliefs and attitudes toward others actively conveyed through language and action, including:
  • respect for the individual
  • belief in self-determination
  • commitment to equality

(McLaughlin, 2011, p. 242)
Transformative Respect (cont.)

... involves deliberate recognition and expression of social work values by social workers, and a strategy through which clinical social workers are able to achieve social justice. (McLaughlin, 2011, p. 242)

Is Transformative Respect a Lie?

Myth 1: I’m Not ‘That’ Kind of Social Worker

If we want to integrate ethical practice and a social justice purpose, we need a social justice clinical framework.

Miley & Dubois (2007) named 16 ethical preferences in this framework: ethics of care, autonomy, power, change, respect, critical thinking, praxis, discourse, critique, justice, contextual practice, inclusion, anti-oppression, advocacy, collaboration, and politicized practice.

*For more information, see: Figure 1: Ethical practice of social work that complements the social justice purpose (Miley & Dubois, p. 33)

<table>
<thead>
<tr>
<th>CLINICAL ways of:</th>
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<tr>
<td>Thinking</td>
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<td>Doing</td>
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What does it mean to engage in socially-just clinical practice?

“Part of what I think is important in mental health is that we stay focused on what it is that we are in business to do, and try not to get too ambitious about getting into areas that are not really what we’re about...If you start to get involved with everything, then who is your client?

(Mycaughlin, 2011, p. 244)

Myth 2: I’m A Therapist, Not A Theorist

Despite the value of an intersectionality framework, we remain challenged to recognize areas of privilege/marginalization and how it manifests in therapeutic praxis.

(Lee, 2013; 2014; Ransmay, 2014)
Intersectionality Theory

Theoretical paradigm of multi-level, intersecting social locations, forces, factors and power structures that shape and influence life.

(Chan, Cor & Band, 2018; Crenshaw, 1991; Ramsay, 2014)

“One of the most significant advances intersectionality provides in attending to the dialectic of domination and privilege, is its explicit linkage of societal domains or power and the experience of both subjective (micro) and social (macro) identity.”

(Ramsay, 2014, p. 458)

Intersectionality (Central Tenets)

- Lives cannot be reduced to single characteristics
- Experiences cannot be accurately understood by prioritizing any one single factor or constellation of factors
- Dynamic socially constructed categories/locations
- Social locations are inseparable
- Identity is shaped by interacting and mutually constituting social processes and structures
- Social processes and structures are shaped by power and influenced by both time and place
- Social justice and equity are paramount

(Chan, Cor & Band, 2018; Crenshaw, 1991; Collins, 2000; Hankivsky et al., 2014; Ramsay, 2014)

Everyday Connections With Intersectionality

- Reflect on the community we have been discussing in class today. What other identities may change or shape experiences in this community differently?
- Think about one identity that is most prominent to you (e.g., ethnicity). How has another identity (e.g., social class) influenced your experiences with ethnicity?
- Expanding on the connection between two identities (e.g., ethnicity and social class), how has this connection changed over time in your family? Community? Growing up?
- Reflect on an identity that you share with a client (e.g., race, ethnicity). If you share this identity with your client, how might one of your other identities (e.g., sexuality, affectional identity) expand your power and privilege over your client?
- What are the histories associated with your identities? How have these histories influenced how you are seen within society? Please also reflect in terms of identities that link together (e.g., women of color, queer people of color, racial/ethnic minority, and differently-abled).

(Myth 3: I Hold The Moral High Ground)

Do you have a Personal Ethos i.e., any distinguishing moral characteristics or guiding personal beliefs?

Clinicians and supervisors are well-served to articulate their ethos regarding socially just practice.

Once completed, this becomes an asset for client transparency, authentic practice and supervision.

For an example, refer to: The Ethical Guidelines for Feminist Therapists and Supervisors (Brown, 2016).

Are We Transparent in Our Practice?

Informed consent

- Statement of mission/purpose and personal ethos
- Our values and what we intend to change about the client e.g., for “good or improvement”
- Our preferred therapeutic orientation, theory of practice/treatment modality including critiques and alternatives
- Account for our best intentions:
  - Accountability plan for integrating intersectionality with personal development given identity, values, history, triggers
  - Potential liability/risks created by social justice identity, code of ethics, mandated reporting
  - Process if the client identifies perceived or actual harm

Are We Authentic Regarding Management of our Personal and Professional Power?

- What are your personal beliefs and assumptions about yourself? How do they inform your relationship with clients?
- How do your clients define your power as a clinician/provider?
- What is their story? How do they present their narrative? What do they exclude and why might that occur?

** Helpful for clinicians to present themes, but transformative when we invite clients in to “co-counsel.”
Myth 4: Therapy Will Change Your Life... In A Good Way

Ethical Clinical Practice
“Start where the client is”
• Practice a nonjudgmental stance
• Engage in positive regard,
• Teach and enhance skills use
• Help people modify ineffective patterns in thinking and behaviors

Implicit Assumptions
Knowledge:
• Power:

The Illusion of Impartiality
“...the received view is that facts and values must be kept strictly separate and that any understanding of what is good for humans is typically seen as a subjective choice.

Nevertheless, people, including psychologists, are continually pursuing what we think is good (even though we are sometimes misguided in our aims and means).

These human goods are built into human action, including the activities of research and therapy. The missing element...is explicitly recognizing the goods we seek and making them accessible for scrutiny and discussion.”
(Fowers et al., 2015, p. 389)

Owning Up To “The Goods”
“...Rather, we believe that it is time for psychotherapists and psychotherapy researchers to fully recognize their actual, if tacit, value commitments and bring them into the open, where they can be properly discussed, compared, scrutinized, and improved upon.

"we believe that making these value commitments explicit is a very valuable first step toward a more self-reflective, and possibly self-correcting discipline”

(Fowers et al., 2015, p. 386)

Integrating Human Good In Therapy
Multicultural Counseling and Psychotherapy (MCP)
• Inclusion
• Equality
• Mutual affirmation (Shared Goods)

Potentially Harmful Therapy (PHT)
• Sense of Mastery
• Objectivity
• Positive reinforcement
• Coping skills
• Emotion regulation (Individual Goods)

Fowers and colleagues write:
“...one of the cornerstones of Western societies is the concept of individual rights, and these rights are commonly seen as “inalienable. It is obvious, however, that individual rights can be easily alienated by governments, gangs, or human traffickers. The individual has rights only to the extent that the community or society recognizes and defends those rights.” (2015, p. 389)

Features of Shared Goods
Although an individual can participate in shared goods, he/she/they can only do so when others participate as well.

In most shared goods, one person cannot have more of the good than another.

They are among the most important goods for humans.

One individual cannot have a friendship, democracy, or justice because these goods emerge in groups of people or not at all. Justice is, by definition, interpersonal and social. Friendship is, by definition, interpersonal.

When injustice is inflicted on an individual or subgroup, the extent of justice in the entire population is diminished. Similarly, one friend cannot have more friendship than the other friend.

Democracy and justice are two of the most prized human goods. This means that, to the extent that we fail to recognize or simply neglect the category of shared goods, we will severely constrain and distort our understanding of human life.

(Fowers et al., 2015, p. 388)

The Test (Combs, 2019, pp.63-64)
Grace: African American, Female, professor, sole parent of teen son
• "how to be a good mother"
• Initial session: Brings Faces at the Bottom of the Well (Derrick Bell, 1992)
• Read it, discuss it with her as a part of the therapy

"Bell’s main thesis is that racism is so ingrained in American culture that we will never be rid of it, but we must nonetheless struggle to escape its grip.”

(Bell, 1992, p.5)
Myth 5: I Only Engage in Evidence-Based Practice

Whether engaged in clinical practice, research, or evidence-based interventions, everyone has an agenda.

Modesty and transparency
- Humility about what is known and if research does not reflect intersectionality
- State of evidence-based knowledge e.g., identity/culturally-specific, symptom, clinical treatment/intervention-specific
- Poor or non-existent evidence for holistic treatment

Paradigms of Inquiry

a) Ontology
b) Epistemology
c) Theoretical Perspective
   - Applications to...Predict
   - Understand
   - Emancipate or Liberate
   - Deconstruct

“Lincoln, Lynham & Guba’s (2011) outline of competing paradigms for research, in particular arguing that the constructivist position fails to account for experiential knowing. The arguments for a participatory worldview are articulated based on a subjective-objective ontology, an extended epistemology of experiential, presentational, propositional and practical ways of knowing, a methodology based on co-operative relations between co-researchers; and an axiology which affirms the primary value of practical knowing in the service of human flourishing.”

– Carmen Crosby

Explanatory Theories

Ali & Naylor’s (2013) integrative review of the three traditionally referenced explanatory theories associated with IPV, providing definitions and examples of the associated strengths and limitations

Explanatory Theories of IPV
- Feminist Perspective
  - Cycle of violence
  - Learned helplessness
  - Battered woman syndrome
- Power and Control
- Patriarchy

Sociological Perspectives
- Social learning theory
- Resource theory

Nested Ecological Framework Theory

A “Participatory and Decolonizing Model”

Goals of the Institute:
- Produce knowledge by those most impacted.
- Shift the narrative on who can be considered an expert.
- Work with system stakeholders to directly influence policy and practice.
- Use findings to support organizing and advocacy work of community-based organizations.
- Bring together researchers from diverse backgrounds to work in collaborative teams.
- Address traditional power dynamics by questioning knowledge production and the purpose of research.

(Melendrez, A., & Young Women’s Freedom Center, 2019, p.13)

Ethical Framework, Research participant perspective

We need to shift the narrative on who can be considered an expert. That’s part of dismantling research, and who actually needs to be doing and leading research, you know? So, I think that’s really a unique piece about our institute. I think about our research teams, how you get us, and how you’re doing the writing.

A group of participants were asked to gather in an inquiry circle to revise and edit this report, so that they would have a say as to what would be represented in this report. A participant is reacting to reading the goals of the Institute.
Part 4: HUMAN RELATIONSHIPS

Help Me Help You

Issues that May Influence Your Use of Social Justice Lens in Psychotherapeutic Work

<table>
<thead>
<tr>
<th>Vulnerabilities</th>
<th>Strengths</th>
</tr>
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<tbody>
<tr>
<td>Potential Barriers</td>
<td>Potential Opportunities</td>
</tr>
<tr>
<td>1. Intellectual assent to a social justice identity</td>
<td>1. Integrate Contextual Consciousness</td>
</tr>
<tr>
<td>2. Confusion about the macro/micro integration</td>
<td>2. Leverage Therapist Self-Disclosure (TSD)</td>
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</tbody>
</table>

Contextual Consciousness

- a) Consciousness about inherent power differentials in person's social contexts
- b) Sensitivity to clients' unique experiences within these contexts
- c) Attention to the intersection of the larger context with clients' relational processes and presenting issues

(Esmiol, Knudson-Martin, & Delgado, 2012, p. 574)

Contextual Consciousness: Developed

- a) Attention to power and privilege
- b) Integration of knowledge and experience
- c) Opportunities for self-reflection
- d) The role of teachers and supervisors

(Esmiol, Knudson-Martin, & Delgado, 2012)

Contextual Consciousness: Operationalized

1) Raised awareness
   • clinical experimentation
   • developing a theoretical rationale
2) Reflective questioning
   • challenging old perspectives
   • experiencing positive client-therapist interactions
3) Intentional new lens
   • personal responsibility
   • commitment

(TSD)

- Disclose your understanding of how identity may impact your theoretical orientation, clinical intervention, etc.:
  - Discuss acculturation/resistance to "colonial values" e.g., marriage, parenting, developmental milestones
  - Develop explicit methods to navigate cross-cultural differences/tension within the session
  - Assess culturally adaptive coping mechanisms and natural helping tendencies
  - Explore within-group diversity and the median experience
  - Solicit collaborations that increase and enrich service provision

(Goldfried, Burckell & Eubanks-Carter, 2003; Lee & Bhuyan, 2013)
Leveraging TSD Tension to Deepen the Therapeutic Relationship

Identity is performative: “As a site of politics each individual takes up different identities in different contexts and for different purposes” (Lee & Bhuyan, 2013, p. 101).

Descriptions of (or offers to disclose) your identity reveal conscious and unconscious bias.

Bias may influence transference/counter-transference within the clinical (and supervisory) relationship.

Clinical Therapy Power Differentials

Clinical and Social Justice requires discussion of Therapists use of power around:

1. Accountability and accounting for therapist power
2. Activism as the core value
3. Clinical choices and actions associated with theoretical position (e.g., critical race theory, post modernism, etc.)

(D’Arrigo-Patrick, Hoff, Knudson-Martin & Tuttle, 2017, p. 583)

Accountability

“...the implicit or explicit expectation that one may be called on to justify one’s beliefs, feelings, and actions to others.”

(Lerner & Tetlock, 1999)

Create a Culture of Accountability

- **Increase personal awareness**
  - Exposure to conscious and unconscious assumptions and prejudices
  - Question our socialization/personal identities

- **Expand knowledge**
  - Historical/social information that defines or reflects the problem [privilege/marginalization]
  - Present data reflective of individual incidents and structural/institutional patterns

- **Encourage action**
  - Assess and model risk through interventions, evaluate outcome and supports of that risk

(Accounts, Bell, & Griffin, 2007)

Therapist Power and Social Justice Activism

Participants in this study shared three sets of practices that help clarify what accountability regarding therapist power looks like when it intersects with activism regarding social justice:

1. **Therapist transparency:**
   - a) Tell clients what informs lines of questioning and curiosity
   - b) intentionally situate interest in social issues as originating from their own experience
   - c) be forthcoming with clients about the lens that shapes their distinctive approach to practice.

(D’Arrigo-Patrick et al., 2017, p. 583)

2. **Inquiry as intervention involves**
   - a) asking about the effects of social issues rather than telling about the effects of social issues
   - b) allowing oneself to be led more by curiosity than by theory

3. **Staying experience near**
   - a) understanding the emotional experience of clients in relation to social issues
   - b) remaining close to the way clients describe experiencing the impact of social issues rather than what theory tells us about how individuals are impacted
   - c) making an effort to ensure that questions attending to social issues directly relate to client experience

(D’Arrigo-Patrick et al., 2017, p. 583)

Therapist Power and Social Justice Activism (cont.)
How Therapists Prefer to Enact Clinical Activism

**Countering**
- Directly challenge dominant practices (e.g., sociopolitical/cultural contexts they perceive as negatively impacting client identities/relationship dynamics)
- Social education/consciousness raising
- Privileging critical inquiry
- Express need to ultimately hold themselves accountable to disrupting what they see as oppressive and marginalizing discourses and social processes

**Collaborating**
- Refrain from defining the origins of client problems
- Caution regarding social education
- Privilege client lead

(D’Arrigo-Patrick, Hoff, Knudson-Martin, & Tuttle, 2017, p. 581)

Clinical Activism: What Is Your Preference?

A. “In terms of being responsible to the power you bring as a therapist, are you willing to explicitly confront critical social issues even if it might mean privileging your knowing over the client’s knowing?”

B. “Are you more interested in privileging the client’s lead, even if it might mean that you possibly miss an opportunity to explicitly attend to a critical issue?”

C. “Considering your ethical interest in explicitly attending to critical issues and honoring where the client is, how far are you willing to go to attend to an issue of justice when the client appears to prefer a different direction?”

(D’Arrigo-Patrick et al., 2017, p. 287)

What We Know...

“When clients and practitioners meet in the cross-cultural treatment encounter, each brings multidimensional aspects of their respective cultural identities. ... a sense of connectedness to the past and the present, and the relationship between cultural identity and self-esteem applies to practitioners as well as clients.”

(Pinderhughes, 1989, p.19)

Part 5:
COMPETENCE

Practice Makes Perfect

When Clinicians Struggle...

Whether novice or seasoned, clinical social workers were tentative, hesitant, or expressed difficulty translating social justice aims into continual practice

Must learn to reconcile facets of our own cultural identity and practices
- Strong advocates for other excluded or marginalized perspectives
- Fragile when identities are challenged, in conflict, or disintegrated
- Self-esteem applies to practitioners as well as clients

“The way I see it is that we don’t just focus on the individual, but try to increase their opportunities. People just need opportunities and options.”

(Mclaughlin, 2011, p. 242)

Cultural Equity

“A paradigm that encompasses the multiplicity of personal, social, and institutional locations that frame identities by placing these complexities within a social matrix that shapes relationships into dynamics of power, privilege, and oppression.”

(Almeida, 2013)
Cultural Equity: Developed

The process of de-colonizing broader social discourses about the parameters of culture.

- Education for critical consciousness
- Community-learning circles
- Progressive coalition-building
- Usage of action strategies
- Accountability through transparency

(Almeida, 2013)

Client and Therapist/Supervisee

“We view the clinical encounter as a negotiated space within which both therapists and clients can engage with, resist, and challenge the dominant ideologies that contribute to oppression and inequality.”

(Lee & Bhuyan, 2013, p. 124)

Nature of Power Dynamics Within the Supervisory Triad

- Anticipating and managing their power
- Honesty with self
- Contextual consciousness
- Transparency with supervisees
- Initiate dialogue e.g., leverage power and TSD risk-taking
  - Their responsibilities
  - Evaluation and gatekeeping
  - Agency, departmental, and institutional locations
  - Social locations

Strategies to Address Power (in supervision)

- Influence of license/credential/expertise e.g., maximize or minimize
- Acknowledge complementary and dialectic identities within the dyad e.g., emphasize community membership and formal/informal identity
- Acknowledge role tension/prioritization during ethical dilemmas e.g., supervisee documentation, mandated reporting; supervisor evaluation, gatekeeper
- Model power negotiation, permission-seeking and establishing of boundaries

Therapist/Supervisee and Supervisor

- How have you experienced or observed the influence of power in the therapeutic context?
- How is the influence of power different or similar in the supervisory relationship?
- What strategies have you used to address power in therapy?
- What strategies have you used to address power in supervision?

Supervisor Reflexivity

- How do your experiences with privilege, oppression, and power influence your approach to supervision?
- What supervision styles do you like or not like, and how does this evaluation shape your supervision approach?
- How have you successfully and unsuccessfully demonstrated your [anti-oppression] values while practicing as a supervisor?
- How might you change your approach in the future to more adequately achieve your intention?

(Arczynski & Marrow, 2017, p. 203)
Supervision Models: Culturally Adaptive Anecdotes

**Exercise #1**
All: Use the available poster board/paper to describe a culturally relevant de-identified experience you had as a supervisee or supervisor.

In groups of 2-3...
Explain two strategies that were OR may have been useful
Demonstrate the technique with another participant for the group
All: Report back

**Exercise #2**
All: Use the available poster board/paper to describe a culturally relevant de-identified experience you had as a supervisee or supervisor.

If you were given an opportunity to “re-tool” the supervisory process...
• What do you believe is vital for a culturally adaptive supervision model?
• How would you ensure cultural sensitivity that is consistent and able to be replicated?
All: Report back

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Model A: Multicultural Supervision

**Personal Development**
• For supervisee and supervisor

**Client/Case Conceptualization**
• Impact of oppression and discrimination on individuals and groups

**Skillful Interventions**
• Flexible use of contextually appropriate interventions

**Supervisor/Supervisee Process Transparency**
• Address/negotiate feedback regarding both performance and power in supervision

**Outcome/Evaluation of Multicultural Competence**
• Remediation as appropriate

(Ancis & Ladany, 2011)

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Model B: Integrative Supervision

Integration of anti-racist, feminist, and multicultural perspectives intended to elevate trainees’ analyses of gender, race, culture, sexism, and racism via the following stages:

a) Provide didactic strategies to intellectually prepare attendees to recognize the importance of cultural humility, reflexivity and self-awareness, developing a contextual consciousness, and social justice/equity engagement,
b) Examining the effects of sexism, acculturation, racism, and context on clients and trainees,
c) Eliciting supervisees’ self-awareness regarding their biases, assumptions, and internalized oppression, and
d) Facilitating client access to resources and supervisee engagement in social action.

(Porter, 2009)

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Supervisory/Supervisee Strategies

• Identify specific ways to model transparency, particularly associated with power, procedures, and decision-making
• Remember your professional mandate to intervene before client harm occurs
  • Professional gatekeeper
  • Apprenticeship
  • Vicarious liability
• Intentional supervision yields deep-level work and possible distress
• Growth and competence require time
• Disclosure of uncertainty/intervention in clinical missteps should feel supportive, rather than punitive

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Thoughts on Supervision

Maximize consultation and supervision
Challenge yourself to alternate supervision and consultation frameworks e.g., multicultural, feminist
Initiate difficult dialogues
• Identity
• Transference/countertransference e.g., oppression/internalized oppression, traumatic experiences/vicarious trauma
• Therapist self-disclosure
• Therapist self-care
Thoughts on Supervision (cont.)

Improve your ability to evaluate therapeutic progress/outcomes using SMART goals

- **Specific**
- **Measurable**
- **Achievable**
- **Results-focused**
- **Time-bound**

Key Words and Definitions

- Anglo
- Cultural
  - Competence
  - Identity
  - Humility
- Discrimination
  - Individual
  - Institutional
- Ethnicity/Ethnic group
- Genocide
- Health disparity
- Heteronormative
- Heterosexism
- Non-heteronormative
- Oppression
- Pejorative Tradition
- Prejudice
- Privilege
- Racism
- Stereotype

Exploring Language and Context

In the United States, the socially constructed identity of race represents both a historical and contemporary point of discomfort. The intent of this exercise is to initiate discussions that are perhaps unfamiliar yet productive. Using your list of definitions as a reference, each participant will select five terms to incorporate into either:

- a) a conversation about recently released multimedia e.g., *Green Book*, *White Fragility*, *The New Jim Crow*, etc.
- b) five points of inquiry and discussion with a current or prospective client.

Afterwards, participants are invited to share either:

- a) your experience with the process; or
- b) examples of questions you developed for a future therapeutic intervention.

Facets of Cultural Identity

- Ability e.g., externally (in)visible
- Age
- Appearance e.g., weight, skin tone, etc.
- Ethnicity
- Gender
- Language
- National/regional origin
- Race
- Religion
- Sexual orientation
- Socioeconomic status

Racialized Discussions, Performative Identity, and the Destructive Culture of Politeness

DiAngelo (2012) writes about the function of white silence during racialized discussions...

1. “Whiteness” refers to a set of cultural practices that are usually unmarked and unnamed
2. Is a location of structural advantage, of race privilege
3. A “standpoint”, a place from which white people look at themselves, others, and society
   “...to name whiteness is to refer to a set of relations that are historically, socially, politically, and culturally produced, and that are intrinsically linked to dynamic relations of white racial domination.” (p.3)
Rationales for White Silence

“It’s just my personality—I rarely talk in groups.”
“Everyone has already said what I was thinking.”
“I don’t have much to add.”
“I don’t know much about race, so I will just listen.”
“I need time to process.”
“I don’t want to be judged.”
“I don’t want to be misunderstood.”
“I don’t feel safe.”
“I don’t want to be attacked.”

(DeAngelo, 2012, pp. 6-13)

Rationales for POC’s Silence

• In response to resistance or hostility expressed (consciously or not) by white participants
• Lack of trust based on well-founded experience that one will be penalized for challenging white perspectives
• Taking risks and being vulnerable about one’s racial experiences and perspectives and being met with silence, argumentation, or rationalization, all which function as forms of invalidation
• Being outnumbered in ratio to white people and assessing that there are no allies present for support, were one to challenge white privilege

(DeAngelo, 2012, pp. 6-13)

Identity As An Asset...

“When practitioners are clear and positive concerning their cultural identities, they are more able to help their clients to be so also.”

(Pinderhughes, 1989, p.19)

Leveraging Our Privilege

Who: “Before we go further, I should, as we say these days, “situate myself.” I am very privileged: White, male, cis-gendered, born into an upper-middle-class family, possessed of an MD degree.”

How: “My privilege puts me in a position to be invited to write this article. In accepting the invitation, I am claiming space in this journal that could be given to a person or persons of color, a “queer” author, a group of people who grew up in poverty, or authors marginalized in some other way. I accepted the invitation because friends and colleagues from marginalized groups have said to me over the years that I should take my privilege and use it to change the institutions, traditions, and daily practices that keep my privilege in place.”

What: “I will focus on the privilege my whiteness brings, but that privilege coexists and interacts with the privileges granted and denied by gender, socioeconomic status, and the like.”

Why: “In recent times, my heart has been captured by the Black Lives Matter movement and by the Dakota Access Pipeline protests organized by the Standing Rock Sioux Tribe. I am writing in fervent hope of using my privilege to promote purposes such as theirs. I hope to convince you to join me in this awkward, painful, necessary process.”

(Combs, 2019, p. 61-62)

Planting Seeds of Cultural Equity


In the 20 years since, give specific evidence of ways that he demonstrates some of the following:
• Education for critical consciousness
• Community-learning circles
• Progressive coalition-building
• Usage of action strategies
• Accountability through transparency

(Combs, 2019, p. 61-62)

Intersecting Axes of Privilege, Domination & Oppression

(Pauly, 1996)
Situating Our Identity

Using your Intersecting Axes of Privilege, Domination and Oppression handout, circle poles on the axis that correspond with your identity. Trace the lines toward your points of intersection.

The intent of this exercise is two-fold:

1) Identify aspects of your identity; Situate yourself.
2) Highlight facets of your identity where you can build coalitions across differences.

Although you are welcome to process your experience in the larger group, you may share specific details of your identity with 2-4 other participants.

Do You Have A Mission Statement?

“I began writing what they call a mission statement. Not a memo, a mission statement. …What started out as one page became twenty-five. ...I was remembering the simple pleasures of this job, how I ended up here out of...school. ...The way we are meant to protect [clients] in health and in injury. With so many clients, we had forgotten what was important.”

“I wrote and wrote and wrote and wrote and I'm not even a writer…Suddenly, it was all pretty clear. The answer was…Caring for them, caring for ourselves...Hey - I'll be the first to admit, what i was writing was somewhat touchy-feely. I didn't care. I have lost the ability to [naughty word]. It was the me I'd always wanted to be. ...I entitled it 'The Things We Think and Do Not Say: The Future of Our Business'....I had started my life.”

Exercise: Lives Matter: All, Black, and Blue

Jonathan T., Philadelphia, PA
African American, cisgender male, 24 year old, currently unemployed

- Major Depression
- Initial intake: Concerned that tension exists between the police department and African Americans. Expresses anger that neighbors and family members were hurt in the MOVE Bombing (Philadelphia, 1985).
- Increasingly isolated with the exception of considerable engagement with social media, including Snapchat, Facebook platforms. Reports being recently ‘triggered’ by watching the Facebook Live video of Philando Castile. He states, "maybe my family isn't paranoid."
- Reading at most recent session: Franz Fanon's Black Skin, White Mask and Wretched of the Earth.

The Human Goods: Culturally Specific Optimal Functioning

Seven core principles of optimal African American psychological functioning:

1. Unity of the family, community, nation, and race;
2. Self-determination including the African American people’s right to define, name, and speak for themselves;
3. Collective work and responsibility focused on communal problem-solving;
4. Cooperative economics to build businesses profiting the community and world;
5. A sense of purpose and engagement in purposeful living;
6. Creativity with an eye toward building community aesthetic and creative traditions; and
7. Faith and intentional belief in the community, family, and leaders and in the possibilities that struggle leads to positive change.

(Caldwell, Colbert et al., 2009; Grills & Longshore, 1996; as cited in Mattis, Simpson, Powell, Anderson, Kimbro & Mattis, 2016, p.86)

Pre-Session Practice: Lives Matter: All, Black, and Blue

Salmons’ (2017) “Four Questions” framework “…reminds the clinician how messages in our culture impact how we view people and brings us back to the oppression analysis context.” (p. 13)

1. What are the common stereotypes about each of the groups that the client falls into?
2. What are the dynamics between us because of oppression?
3. How can I expect to oppress them inadvertently if I am not careful?
4. How are the current presenting problems related to oppression?

During Session Practice: Lives Matter: All, Black, and Blue

1) Therapist transparency:
- tell clients what informs lines of questioning and curiosity
- intentionally situate interest in social issues as originating from their own experience
- be forthcoming with clients about the lens that shapes their distinctive approach to practice

2) Inquiry as intervention:
- asking about the effects of social issues rather than telling about the effects of social issues
- allowing oneself to be led more by curiosity than by theory

3) Staying experience near
- understanding the emotional experience of clients in relation to social issues
- remaining close to the way clients describe experiencing the impact of social issues rather than what theory tells us about how individuals are impacted
- making an effort to ensure that questions attending to social issues directly relate to client experience
Post-Session Practice: Lives Matter: All, Black, and Blue

Burnes & Stanley (2017) created the Process Note Template for LGBTQ Affirmative Supervision which includes opportunities to address cultural beliefs and conflicts:
- Client and therapist identity
- How are the similarities and differences influencing the work in the therapy room?
- Transference, countertransference, and biases
- Strength and quality of working alliance
- Client’s sources of resilience and strength
- Advocacy of presenting concerns within an ecological context

Part 6: Final Thoughts

Reflection: Values and Accountability

Interrogate your values and beliefs. They will serve as your moral compass.
- What values do I believe in?
- How did I come to believe in them?
- What social issues do individuals appear in conflict over? How can you productively engage as an ally during social justice struggles?
- What am I doing/willing to do about [insert conflict]?
- What is the physical and emotional cost of my being engaged in conflicts for social justice?
- Where will I draw relief, healing for myself during this important work?

Reflection: Decolonized Self-Care

Decolonize Self Care
- Honor your truest nature
- Finding your best self
- Link to your values
- Not violate your moral compass

Wellness and leisure practices:
- “Mainstream” practices e.g., meditation or yoga may no longer resonate with your social justice identity
  - See for example (YouTube) You Are Here: Exploring Yoga and the Impacts of Cultural Appropriation
- Find the balance…critically conscious and have a sense of humor…hold the dialectic

Wellness and leisure practices:
- Creating DIY items for your body and environment
- Soaking in a tub with Epsom salt and natural elements
- Enjoying naps
- Laughing/Crying with friends
- Participating in their activities and goals
- Being with nature
- Exploring a city that is significant to you
- Engaging with animals

Finally...

Write down and commit to at least three SMART Goals
- What commitments care will you leave with today?
- How will you maintain or increase your resilience to stressors?
- Identify someone in the room who will work with you on being accountable to this commitment and applaud the hard work you plan to do.
- Exchange contact information.

THANK YOU

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